

THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, JULY 4, 1885.

Original.

ABSOESS OF THE LIVER.\*

BY J. W. IRWIN, M. D.

In presenting a report of the few cases of abscess of the liver which came under my observation, in private practice, during a period of twelve years, my chief aim shall be to relate in a concise form a history of each case together with its physical signs, the surgical means, if any, which were employed for its removal, and its termination.

CASE I. Mrs. A. M., aged twenty-seven years, of American birth, applied to me for treatment on the 2d day of June, 1873. She was complaining of a harassing dry cough and pain in the right side. During the last few months previous, she had been having fever and night sweats, and her sleep had been disturbed by unpleasant dreams. The cough was always most severe after going to bed, when she would have paroxysms lasting for an hour or longer. She gave her history as having had several attacks of bilious fever, which always left her with a feeling of soreness in the epigastrium. An examination of the abdomen revealed an enlargement over the region of the liver, which was most marked over the left lobe, extending down toward the umbilicus. There was some tenderness under pressure in the region of the liver, and the outline of the tumor could be detected smooth and regular in form. Abscess of the liver was suspected, and this diagnosis was verified by means of the exploring needle. An operation was proposed for the removal of the pus, but, the patient refusing to submit to it, nature was allowed full sway. The cough increased in frequency and severity, and the fever and night sweats continued

until she had become very much emaciated. One morning, during an attack of coughing, the abscess burst into the lung, when upward of a pint of pus, of a reddish-brown color, escaped through the mouth. This discharge was followed by considerable relief of pain, cough, and fever, but the improvement was not permanent. Two weeks later another discharge of pus took place, in the same way, which exceeded the former one in quantity. More relief soon followed this discharge, and the enlargement of the liver was now much reduced. From this time on pus continued to be expectorated, at times quite freely, and in two months her health was sufficiently improved to enable her to go on a visit, to relatives, to New Albany, Indiana, where she has ever since resided. When I last heard from her, now nearly one year ago, she was still alive and well.

CASE II. Mrs. G. D., aged forty-seven years, of German nativity, was visited in consultation with her attending physician, on the 13th day of April, 1874. Found two openings over the region of the liver, between the seventh and eighth ribs, just outside of their angles, which were discharging pus. Six months previous she had had a tumor in the region of the liver, which was pronounced by her physician an abscess. Refusing to submit to an operation, the abscess opened spontaneously soon afterward, and was still discharging pus. The openings being only about one inch apart, the space between was divided by the knife, and a drainage tube was then inserted, which permitted free escape for the pus. Three months later the wound had entirely healed, and the side had regained its normal appearance. I last saw the patient in 1882, and there had been no return of the liver trouble.

CASE III. J. B., aged thirty-eight years, a Frenchman by nativity, came under my observation on the 5th day of September, 1876. He had been having pain in the right side,

\*Read at a meeting of the Louisville Medico-Chirurgical Society, June 12, 1885.

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hectic fever and a dry hacking cough; and he had been losing flesh steadily for nearly two years previously. The pain at times was so severe that it prevented him from sleeping, and he had to take anodynes for relief. On an examination the abdomen was found to be very much enlarged; the tumefaction was most marked on the right side over the region of the liver. Through the walls of the abdomen could be felt an elastic tumor extending down to the umbilicus. The abdomen was so much swollen that it interfered with his breathing, and it was decided to aspirate immediately. Fifty-six ounces of pus were removed by the aspirator, and, notwithstanding the fact that the largest size of needle was made use of, the removal of the pus was found to be very hard to accomplish, it being of tenacious consistency, containing particles of broken down liver tissue. The pus was of a dark drab-color, mixed with blood, and it had a very offensive odor. The patient stood the operation better than was at first anticipated, and he expressed himself as being very much relieved thereby. For two or three days the amelioration continued, but the tumor began again to enlarge. On the fifth day from the date of the first operation, the aspirator was reinserted and fully one pint of pus was drawn off. Very little relief followed this operation, and he died from exhaustion two days later. An autopsy was made, thirty-six hours after death, when the capsule of Glisson was found to be very much distended and thickened, forming a large sac which still contained upward of a quart of pus. The liver was reduced in size fully one half, furrowed on its surface and had several small abscesses in its substance.

CASE IV. W. D., aged twenty-seven years, by occupation a coal miner, had been confined to his home for several weeks with a pain at the epigastrium, which also extended into the right side and right shoulder. He had been having attacks of fever which were followed by profuse sweating. On an examination of the abdomen the liver was found to be enlarged, and some tenderness under pressure was complained of. The disease was thought to be "abscess of the liver," and hot flaxseed poultices were applied. These applications were kept up for two weeks, when most of the soreness had disappeared. The abscess was now pointing between the seventh and eighth ribs, and here pus was discovered by the exploring needle, but the patient would not allow an

operation to be made. The poultices were then continued for a couple of weeks longer, when the swelling had disappeared. Under the use of iron and quinine the fever and sweating ceased, and the patient felt well enough to resume his former occupation. This case was seen for the first time on the 5th day of June, 1877, and for two years afterward there had been no return of the abscess.

CASE V. W. I., aged thirty-three years, of German birth, had been suffering nearly eight months previous to my visit, which was on the 10th day of July, 1878, with pain and some swelling in the right side. The disease was thought to be pleurisy, and a blister was applied. The relief which followed the application of the blister was only very temporary, and, fearing that the liver might be the seat of an abscess, the exploring needle was employed, and pus was discovered. An incision was then made in the most pendent portion of the tumor, which was just below the cartilaginous margin of the ribs on the outer side of the gall bladder. When the sac containing the pus was reached, its contents were removed by means of a trocar and canula and a drainage-tube was then employed. Upward of one pint of pus came away at the first opening, and afterward the pus continued to flow for three or four months. After the abscess was opened the pain was no longer complained of. The wound gradually healed up and there has been no return of the liver trouble since. The patient has had good health, and, with the exception of a couple of attacks of bilious fever, he has not complained of any illness. His work is quite laborious, being a blacksmith, which avocation he still continues to follow.

CASE VI. J. R., aged thirty-six years, a native of Germany, a bar-keeper by occupation, was seen on consultation on the 25th of July, 1878. He was confined to the bed, had fever and was complaining of pain at the epigastrium. He was considerably emaciated, having been sick for four or five weeks previously. He gave the history of having been a moderate drinker for several years before, but was not in the habit of getting on sprees. On examining the abdomen the liver was found to be enlarged, which enlargement extended into the epigastrium. There was much tenderness under pressure in the epigastric region, and a fluctuating tumor could be felt on the inner side of the gall-bladder. The presence of pus was suspected, and the aspirator was the in-

strument employed for its removal. A tea-cupful and one half of bloody serum was now drawn off, with the effect of reducing the size of the tumor, and, on the following day, the aspirator was reinserted and a couple of ounces of pus removed through the same opening. The patient did not experience any relief from this procedure, and he died on the tenth day following the operation, after suffering much pain. An autopsy was made with the following result: The left lobe of the liver was found to be the seat of the abscess; the capsule of Glisson softened, covered with lymph, and easy of removal. One half pint of pus was found beneath the capsule.

CASE VII. J. D., aged twenty-eight years, of American birth, a street-car driver, had been ailing for some weeks previous to my visit, which was on the 13th day of September, 1879. I found him in bed, complaining of headache and pain in the right side. On an examination I found some swelling and tenderness over the region of the liver, and the intercostal spaces were bulging. The case was diagnosed "abscess of the liver" and poultices were applied. These applications were continued for a couple of weeks, when the soreness had disappeared, and the abscess was pointing between the seventh and eighth ribs. Here a direct incision was made down to the sac of the abscess, and this was tapped with a trocar and canula of large size, and four or five ounces of grayish pus escaped. A drainage tube was then inserted and the discharge of pus continued for a couple of months, when it was followed for several days by a small quantity of bloody serum. The wound slowly healed and the patient's health improved sufficiently to enable him to resume his former occupation. For upward of one year afterward there had been no return of the abscess. I then lost sight of the patient and have not heard from him since.

CASE VIII. S. M., aged eighteen years, of American birth, came to my office on May 5, 1880, complaining of pain in the side and difficulty in breathing. I found his abdomen much swollen and tender under pressure. The abdominal muscles being very thin, a distinct tumor could be felt, filling up the hepatic region and the epigastrium, and extending downwardly to below the umbilicus. The superficial veins of the abdomen were very much enlarged. A puncture was made with the exploring needle in the most pendent portion of the tu-

mor, and pus was discovered. An operation was proposed, but the patient being young had to consult his parents before permission could be obtained, and this was refused. He then returned to his home, in a neighboring village, and a short time afterward died. I did not learn of an autopsy having been made.

CASE IX. Mr. J. F., thirty-eight years of age, of German birth, was seen in consultation on the 2d day of July, 1883. For several years previous he had been exposed to sudden changes of atmosphere, having been employed as a laborer in a brewery. Eight months previous to my visit he was taken with pain in the right side and dysentery. The side became swollen, and poultices were applied, which were continued for five or six weeks. The intercostal spaces were then bulging, and it was thought an abscess had formed. This view was soon confirmed by the abscess bursting spontaneously between the seventh and eighth ribs on the outer side of their angles. Pus had been discharging for five months from three openings, and it had a very offensive odor. Adhesions had formed completely between the covering of the liver and the chest wall. The patient being very much emaciated could not leave his bed. He had also constant fever and profuse night sweats. The abscess was washed out every third day, with a twenty-five-per-cent solution of the tincture of iodine, and for a time there seemed to be some improvement. Finally a slough took place which involved the adhesions that prevented the pus from escaping into the abdominal cavity, and peritonitis supervened, which resulted in his death on the fourth day after the occurrence of the accident. Permission to make an autopsy could not be obtained.

CASE X. M. P., aged forty-six years, of American birth, by occupation a grocery-keeper, was taken sick on January 4, 1884, at which time he had a well-marked attack of acute inflammation of the liver. Active treatment was instituted without any apparent effect, and the inflammation went on to suppuration. The swelling was most prominent over the region of the stomach, and here the exploring needle revealed pus. Further operative procedure would not be permitted, and hot fomentations were applied. These applications were continued for about four weeks, when the patient died from exhaustion. An autopsy was not made.

Before closing this report, I wish to express my belief that the aspirator is not the best means to be employed for the evacuation of abscesses of the liver generally. I believe its use should be wholly confined to the evacuation of small abscesses, consisting of a single cyst, where the diagnosis could be clearly made out. Otherwise the aspirator should not be employed for any other than exploring purposes. I am not prepared to receive the recently advanced opinion, that "the local application of a blister will procure adhesive inflammation between the walls of the abdomen and the peritoneum." I would not wait in the faint hope for adhesive inflammation to take place, before resorting to operative measures, lest they should be instituted too late to be attended by good results. As soon as pus can be discovered by the exploring needle a direct incision should be made down to the sac of the abscess, then its contents should be evacuated by a trocar and canula of large size. Finally a drainage-tube should be inserted and allowed to remain in position as long as the suppuration continued. In all cases of hepatic abscess the mortality is very large. We find the cases operated on do very little better than those trusted to the effort of nature, the percentage of deaths in either case being seventy to eighty.

In the Indies, where this disease is thought to occur at times almost endemically, the mortality is said to be as low as fifteen per cent of those attacked. However, the Indian statistics are of doubtful utility, since every inflammatory condition of the liver is classed as an abscess. The statistics of cases upon whom operations have been made are far from complete and can not be relied upon. It may be that spontaneous cures, if recorded, would outnumber those after operative procedures.

*Summary.* Five of the cases recovered and five died. Of the five cases that recovered, in one the abscess burst into the lung; in one the abscess opened spontaneously externally; in two the abscess was opened by incision and a trocar and canula; in one the abscess did not open, it was probably absorbed. Of the cases that died, in two there was not any kind of operation made; in two the aspirator was made use of; in one the abscess opened spontaneously externally. In this case the sac of the abscess was washed out every third day with a twenty-five-per-cent solution of the tincture of iodine.

LOUISVILLE, KY.

#### REPORT OF A CASE OF LAPAROTOMY.\*

##### ASEPTIC ABSORPTIVE FEVER.

BY ARCH. DIXON, M. D.

The subject of the following report, Ella Hall, aged thirty-eight years, was first seen by me in March, 1882, at which time she was suffering from an acute sciatica. Upon examination an enlargement about the size of an orange was found in the left iliac fossa, deep down, with the uterus lying above and over it. The enlargement was diagnosed as a subperitoneal fibroid, and the patient told that the sciatica was in all probability produced by the tumor. Six months later I again saw the patient, and the growth of the tumor had been considerable, it being about one fourth larger than before. An operation was suggested but was not consented to. The woman was seen at intervals, the tumor continuing to grow, notwithstanding injections of ergotine into the body of it, until finally almost the entire abdominal cavity was occupied, it extending from the left iliac fossa across to the right, and as high up as above the umbilicus; in the meantime the patient had suffered intensely, and was now almost helpless. An operation was consented to, and on the 23d of May last the tumor was removed. The technique employed throughout the operation was that of Prof. Carl Shroeder.

The patient was placed on a narrow table covered by antiseptic oil-cloth, the abdomen and pubes were shaved in order to remove all lanugo and dermal hair, as well as dead epithelium, and then thoroughly scrubbed and flooded with a three-per-cent solution of carbolic acid. She was then deeply anesthetized, Dr. Pinckney Thompson administering the chloroform, and an incision made from umbilicus to pubes, along the median line, through the integument and subcutaneous connective tissue down to the aponeurosis of the abdominal muscles. The linea alba was then sought for by clearing away the excess of fatty tissue with scissors; just here was encountered one of the most difficult phases of the operation. The patient being a multipara the linea alba was scarcely demonstrable, and was with difficulty found. All subcutaneous blood-vessels had been taken up by the assistant, Dr. A. R. Jenkins, with Langenbeck's forceps and torsioned. All parenchymatous hemorrhage was stopped by iced carbolized irrigation from Esmarch's

\*Read before the Kentucky State Medical Society, June 25, 1885.

irrigator. The linea alba was then carefully punctured and opened on a groove-director. The subperitoneal fat was thus exposed and cut through, and the parietal peritoneum brought into view. This was carefully picked up by my assistant, Dr. Jenkins, with two forceps, and cautiously opened between them. The peritoneum was then cut through, the precaution being taken to hold it between myself and the light to avoid accidental wounding of the bladder. When the abdominal walls collapsed there escaped from the cavity one or two ounces of non-flocculent, brick-dust colored serum, of which the peritoneal cavity was full, and which, I take it, was a non-inflammatory recent exudate.

The omentum was now folded up in the cavity, and an aseptic napkin placed over the intestines—that is, between them and the abdominal walls—the tumor was rotated and drawn out after enlarging the abdominal opening about an inch above the umbilicus, and the napkin covering the intestines was drawn down under it into Douglas's fossa, thus the tumor, uterus, and abdominal parieties lay over and above the napkin, the intestines beneath it and the omentum folded up above it. A slight adhesion was broken down in the left iliac fossa before the tumor was drawn out. At this stage of the operation vomiting set in, but no intestines escaped, the napkin effectually holding them in. A soft rubber tube was then thrown around the broad ligaments and uterus and drawn tight—after Esmarch's method. The pedicle was found to be about an inch and a half in diameter, and about an inch in length, extending out from the fundus uteri. A blunt-pointed, double-eyed needle, armed with four-doubled carbolized silk, No. 14, was passed through the pedicle close to the fundus and carefully carried around on either side and tightly tied, thus circumligating it with two ligatures. The pedicle was now amputated, and each patent lumen of blood-vessel which showed in the stump was separately ligated—of which there were three—the ligatures were cut short and the pedicle, well dusted with iodoform, was dropped back into the cavity, the tourniquet having been removed. The toilet of the peritoneal cavity was made by carefully sponging out all blood and fluid, especial attention being given to Douglas's fossa, which, after being cleaned, was dusted with iodoform as was the torn adhesion in the iliac fossa. The sutures were then laid and the omentum replaced, the margins of

the abdominal incision being brought into apposition with great care and tied throughout. Volkmann's antiseptic gauze was laid crumpled up against the wound. Over this absorbent cotton was placed extending over the entire abdomen. Gutta-percha paper covered the cotton, and over all was placed a starch bandage.

The patient rallied well from the operation, and seemed to be but little depressed. The nausea from the chloroform disappeared at the end of the first thirty hours, when appetite returned and she was fair on to recovery. The behavior of the pulse and temperature was perhaps the most notable feature of the entire case, and it was this which induced me to make this report. For the first four days, the morning temperature was  $102^{\circ}$ ,  $103.5^{\circ}$ ,  $103.5^{\circ}$ ,  $102^{\circ}$ . Evening temperature,  $102.5^{\circ}$ ,  $103.5^{\circ}$ ,  $103^{\circ}$ ,  $103.5^{\circ}$ . The pulse ranging from 80 to 90—full and strong. On the morning of the fifth day the bandage was removed, and was found to be only slightly stained with bloody serum; the wound looked healthy and had closed by first intention. Abdomen soft and painless on pressure—parametrium and Douglas's sac in good condition. The dressing was renewed without an auxiliary binder, after which the pulse and temperature continued but slightly if any above the normal until the tenth day, when the temperature was found to be  $104.5^{\circ}$ , pulse 115, and weak; the patient's entire appearance was a sad contrast to that of the day before. The dressing was removed and a small quantity of pus issued from several suture wounds—diagnosis, "pyæmia simplex." Sutures were removed and carbolized water, three per cent, was run through the suture holes by means of an Esmarch's irrigator, flushing out a quantity of pus and necrosed connective tissue. The irrigation was continued till the water came away clear, after which antiseptic dressings were applied. This was continued each day until recovery was complete, leaving only one small fistulous tract where a suture once had been. The temperature and pulse very promptly dropped after the first irrigation.

Discharged on the fifteenth day. I can only account for the behavior of the temperature and pulse during the first five days after the operation, upon the hypothesis of Fränkel, of an "aseptic absorptive fever after ovariotomy." Fränkel recited a number of cases of his own, in which this same inco-ordinate relation be-

tween temperature and pulse and general condition of the patient were present, which so broadly marks it from aseptic fever; and his observations prove, in his opinion, that there occurs after laparotomies wound fever of early appearance and longer duration than has been hitherto assumed, of an intensity which far exceeds the mean, and which can neither be traced to septic infection in the usual grave meaning of the word, nor to circumscribed peritonitic inflammatory processes. Two of his cases appeared in the American Journal of Obstetrics, April, 1885, and one briefly as follows: "A virgin, aged twenty-one. Removal of a parovarian cyst the size of a man's head, together with the right ovary, under the strictest antiseptic precautions. Course of the operation smooth. The pedicle was rubbed off with three-per-cent carbolic solution, powdered with iodoform and dropped. Iodoform applied also to abdominal walls. As early as the afternoon of the first day, temperature  $101^{\circ}$ , evening,  $102^{\circ}$ . On the afternoon of the second day temperature was  $104^{\circ}$ . Thenceforward the temperature varied to the sixth day between  $102^{\circ}$ - $103^{\circ}$  and  $103.5^{\circ}$ , after which it sank to the normal and remained so. The general condition very good from beginning, profuse prognostically favorable sweats soon after the operation; sensorium perfectly clear, no vomiting. From the third day on sensation of hunger, normal excretions, soft and flat abdomen not sensitive to pressure. Pulse excellent in quality and quantity. Even with the highest temperature of  $104^{\circ}$ , it rose only to 82, otherwise usually ranged between 70 and 80."

Here then the height of temperature and frequency of the pulse did not run parallel. As Volkmann and Genzmer had observed, there was a marked characteristic difference between the septic and aseptic form of the wound fever. While in the former the pulse is small, hard, tense, and from the start generally very frequent, with a temperature often for a longer time disproportionately low, there is in the aseptic absorptive fever a full, slow pulse, with a relatively high bodily heat. It is just this incongruence between pulse and temperature, together with the absence of all the symptoms of intoxication otherwise associated with even minimal septic processes, which caused Fränkel to make a favorable prognosis from the beginning, and to call the fever at once aseptic. He states in addition that despite careful examination the parametria

and Douglas's fossa were found free from exudation, nor could any complicating disease be demonstrated. At the first change of the dressing on the ninth day the wound, after the removal of the sutures, was shown to have closed by first intention. On the fifteenth day the patient left the institution.

The second case was a multipara, aged thirty-eight, from whom a very large cystic adenoma of the left ovary, with possibly commencing carcinomatous degeneration of the tumor, was removed. Owing to the size of the tumor, which could not be diminished by puncture, the abdominal incision had to be made rather long. Besides an adhesion, the size of the thumb, of the posterior surface of the tumor to the omentum, was doubly ligated and divided. This surface, as well as that of the severed pedicle, was dusted with iodoform and dropped. As early as four hours after the operation the temperature rose to  $102^{\circ}$ ; on the fourth day as high as  $105^{\circ}$ , and the fifth day to  $104^{\circ}$ . Until the middle of the ninth day it remained almost constant in the form of a subcontinued fever. Withal the general condition was as good as in the first case, perhaps better. No general or local disturbance could be demonstrated. The pulse did not rise above 84; while the temperature was  $105^{\circ}$ , its frequency was but  $78^{\circ}$ , hence there was the same disproportion as in the former case. Here, too, the recovery was rapid and undisturbed. Fränkel admits that such grave aseptic absorptive fevers after laparotomies are not frequent; but he calls attention to the fact how important it is that we should know the possibility of their occurrence in order not to be deceived in the prognosis. That this case should be classed with Fränkel's cases of aseptic absorptive fevers, in my opinion, there can not be a doubt. My thanks are especially due to Dr. A. R. Jenkins, who rendered me able and intelligent assistance, and also to Drs. Pinckney Thompson, A. M. Owen, of Evansville, Ind., L. Worsham, and to Mr. John Young Brown, jr., medical student, for valuable aid.

HENDERSON, KY.

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IN ganglion of a tendon, Dr. Nancrede (Polyclinic) finds the best results for subcutaneous evacuation of the gummy contents of the cyst and then free incision of the sac. The sensitiveness of the skin is first reduced by the rhigolene spray.

## Miscellany.

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**AORTIC ANEURISM.**—The London correspondent of the Medical Record gives the following interesting history of a case of aneurism operated on by Mr. Pepper at St. Mary's Hospital. The patient was a laundress, and about thirty years of age. She was admitted into the hospital early in February last, having been suffering from symptoms only a few months. There was well-marked pulsation in the anterior thoracic region, and this extended up the right side of the neck. It was thought that this might be due to a diverticulum from either the carotid or innominate artery. There was dullness on percussion, but the dullness was almost entirely on the left of the sternum. There was well-marked dysphonia. The patient was kept in bed at absolute rest, the diet restricted, and iodide of potassium given in ten-grain doses every four hours. The dose was subsequently increased to twenty grains, under the influence of which an "iodide rash" appeared. The patient was one day suddenly seized with severe cerebral symptoms, viz., pain on the left side of the head, a sensation of "fire" in the left eye, and loss of sight in that organ. These symptoms went away in a few days and vision in the left eye returned. After a three months' trial of rest, dietetic and medicinal treatment, an operation was consented to by the patient. The A. C. E. mixture was given, and the right carotid and subclavian arteries tied by Mr. Pepper, with antiseptic precautions. Pulsation in the right radial and superficial temporal arteries ceased immediately and did not return. Carbolized sponge was placed over the wound, then iodoform wool, and a bandage over all confining the arm to the side. The temperature did not rise above normal after the operation, and there was no suppuration. The "spray" was left off in a little over a week after the operation, and one of the ligatures came away in a fortnight. At the present date (a month after the operation) the patient is much improved, though not yet allowed to rise from bed. Pulsation is much less in the tumor and also in the neck.

**THE PULPIT AND THE PRESS.**—The New England Medical Monthly says that, at the recent Congress of Churches, held in Hartford, the Rev. Washington Gladden read a paper on the attitude of the secular press

of America, toward religion. During the course of his paper the gentleman said that "the newspapers are not in the interests of religion, because they are published for the purpose of making money, and that they can not exercise power for good until their utterances are directed toward some higher end than pecuniary profit," etc.

All of this is very interesting and nice, but would it not have been a fruitful theme for the reverend gentleman to have read about, and for the Congress to have discussed, if he had chosen the title of "The Attitude of the Religious Press Toward the Patent Medicine Trade and the Support of its Most Outrageous Methods of Advertising." A pertinent inquiry might have been made if this is disinterested, or is done for the filthy lucre which the learned gentleman seems to hold in such light esteem.

The most indecent advertisements appear in the most prominent positions in the leading religious papers in this country, side by side with the discussion of the most sacred topics. We would suggest that the reverend gentleman take the above title for his next paper, and read it before the next Congress, and if he is in need of data or facts we will be most happy to furnish them for him.

**THE RACE OF LIFE.**—The Medical Age says, a sporting paper, viewing the race of life from its distinctive stand-point, gives the following "pointers" to those who might wish to stake money on the issue of this great go-as-you-please contest against time:

If one could see a million babies start on a journey (all scratch the mark of course), and could follow them through life, this is about what he would see, nearly 150,000 of them drop out of the ranks by the end of the first year, while twelve months later the numbers would be further thinned by the deduction of 53,000 more; 28,000 would follow at the end of the thirteenth year. They would throw up the sponge by twos and threes until the end of the forty-fifth year, when it would be found that in the intervening period something like 500,000 had left the track. Sixty years would see 370,000 gray-headed men still cheerfully pegging away. At the end of eighty years the competitors in the great "go-as-you-please" would number 97,000, but they would be getting more shaky and "dotty" each lap. At the end of ninety-five seasons 223 would only be left in the final "ties," while the winner would be led into his retiring-room, a solitary wreck, at the age of

one hundred and eight. There is something grimly humorous in this quaint array of figures, but they are founded upon statistics carefully compiled. One can not help wondering what would be the betting at the start about any one of those million babies coming in alone at the one hundredth lap of the great and mysterious track upon which the race of life is run.

**THE TREATMENT OF WHOOPING COUGH.** In this summary of treatment, from a clinical lecture delivered at the Philadelphia Hospital (Medical News), Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost every thing, he says, has also been applied here in the form of a spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one dram to two ounces of water with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal.*

**THE MICHIGAN STATE MEDICAL SOCIETY** held its regular annual meeting at Port Huron on June the 10th and 11th. The sessions were marked by a large attendance; the papers presented were of high merit, and the discussions most creditable to medical science and the speakers who engaged in them. A noticeable feature of the proceedings was the presentation of patients who were the subjects of interesting affections. These were carefully examined by the fellows, and made the theme of valuable comment.

Drs. Octerlony, of Kentucky, Morse, of Ohio, and Hingsten, of Canada, were present by invitation, and took part in the scientific deliberations of the Society, to the honorary membership of which they were elected by a unanimous vote of the fellows.

**DEPARTMENT OF THE INTERIOR.**—Dr. William E. Brandt, a graduate of the University of Louisville, class of 1871, formerly of the United States Army, and more recently Resident Physician to the Indiana Insane Hospital, was on the first of June made qualified Surgeon to the Pension Bureau, at Washington, D. C.

We are most happy to note this recent proof that fortune still holds our old friend and classmate upon her list of favorites, while we congratulate the Pension Department upon its having thus secured the services of an able officer and an accomplished gentleman.

**UNITED STATES BOARD OF PENSION EXAMINERS.**—Drs. R. B. Gilbert, Coleman Rogers, and W. T. Durrett, of Louisville, were recently appointed medical examiners to the United States Pension Agency of this district. These gentlemen are well-known popular physicians, and will certainly perform their important official functions with credit to the profession and justice to the Government and its worthy would-be pensioners.

**THE AMERICAN NEUROLOGICAL ASSOCIATION** at its recent meeting elected the following officers. President, Dr. C. K. Mills, of Philadelphia; Vice-President, Dr. V. P. Gibney, of New York; Secretary and Treasurer, Dr. R. W. Amidon, of New York. Members of the Council: Dr. G. W. Jacoby, and Dr. E. C. Seguin, of New York.

**THE MEDICAL RECORD** says that an autotype reproduction is about to be issued of the original manuscript notes of Wm. Harvey's lecture delivered at the College of Physicians in 1616. In these lectures we find the first germ of Harvey's immortal discovery. A printed transcript is to accompany each page of the autotype reproduction.

**THE UNIVERSITY OF PENNSYLVANIA** and the Jefferson Medical College of Philadelphia have each discontinued its post-graduate course.

**TABLESPOONFUL** doses of fine bran are spoken of highly in the treatment of constipation in children. The bran is warmed in milk and poured on bread.

**DR. A. W. FRITSCH**, of Evansville, has been appointed to fill a vacancy in the Indiana State Board of Health.

## The Louisville Medical News.

Vol. XX. SATURDAY, JULY 4, 1885. No. 1

H. A. COTTELL, M. D., - - - - - Editor.  
J. MORRISON RAY, M. D., - - Assistant Editor.

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A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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## KENTUCKY STATE MEDICAL SOCIETY.

The thirtieth annual session of our State Society seems to have made good the promises of its elaborate programme. The attendance was full and representative of every portion of Kentucky, with the welcome presence of a few distinguished gentlemen from neighboring States. The papers presented gave evidence of careful preparation, and the discussions which followed were terse, timely, and vital with the spirit of modern medicine. Some wise conservatism was aired by the older members; but pure old fogeyism seems to have been without a representative upon the floor. Nor will the reflective mind fail to find a fitness in the fact that, in the celebration of the Society's thirtieth birthday, the attendance should have been largely made up of the younger members of our profession, since at thirty manhood is in flood tide, broadening, deepening, and mounting toward the mark of its high calling.

It is worthy of note that the sessions were devoted almost exclusively to the reading of papers and the discussion of medical themes.

No question of ethics was sprung, and

such issues in medical politics as are vital to organizations of this character were adjusted without friction or waste of time.

Among these may be mentioned a series of resolutions on the questions of registration and State supervision of medical education, framed by a committee of the American Medical Association's appointment, and addressed to the medical societies of all the States. This was referred, without discussion, to a committee which will report at the next annual meeting.

The number of applicants for membership was large, and all who were duly qualified were accorded a hearty reception. Indeed, the spirit of Kentucky hospitality was put to what, in other days, would have been thought a trying test when two physicians of the gentler sex knocked timidly for admittance; but their reception was voted without murmur or dissent, and they were bidden welcome with wide-open door.

The committee on nominations did its work wisely, and, by naming for officers men in every way worthy of honor, have insured an essential prerequisite to the success of the next meeting.

The banquet tendered by the proprietors of the Springs was elegant, and characterized by such zest of good pleasure and effervescence of fine sentiment as are commonly observed when good fellows gather around the well-spread board.

Elsewhere in this issue may be found a report of the proceedings, and the full text of one of the essays read. A number of the papers have been sent to the News for publication, and will appear in due time, while such as have sought contemporary avenues of issue will appear in abstract in our Society reports.

## RECONSTRUCTION.

The American Medical Association's new committee on the International Medical Congress met in Chicago at the Palmer House on the 24th of June, and proceeded to reconstruct the work of the original com-

mittee in a radical manner. The original nineteen sections are reduced to sixteen. Gynecology is made to join hands with Obstetrics, Nervous Diseases and Psychiatry are loaded on to Medicine, Dental and Oral Surgery are sent by the board, while Climatology is added to Collective Investigation, Nomenclature, and Vital Statistics.

By a change of the rules of admission to the Congress, the new-code gentry are barred from active participation in the proceedings, and their names have been stricken from the published lists of the standing committees and section officers. The office of secretary-general is abolished, and many names of representative men who are loyal to the code have been stricken off to make room for new names, or oddly transposed with those of old associates. "The axe is laid unto the root of the trees." Comments are in order. It is said that the wind is set from the east, and that we may expect a tempest, if not a tornado.

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IT is a comfort to the editor, in view of the necessary withdrawal of Dr. Holland, to be able to place the name of Dr. William Bailey upon this journal's list of collaborators. This gentleman requires no formal introduction at our hands, since he is already known to the readers of the NEWS as a graceful and scholarly writer.

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### Bibliography.

**Intestinal Obstruction, its Varieties, with their Pathology, Diagnosis, and Treatment.** (The Jacksonian Prize Essay of the Royal College of Surgeons, of England, 1883.) By FREDRICK TREVES, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital; Hunterian Professor of Anatomy at the Royal College of Surgeons, of England. With sixty illustrations. Philadelphia: Henry C. Lea's Son & Co. Pages viii and 515. 1884. For sale by John P. Morton & Company.

This book is the outgrowth of an admirable essay which, in the race for the prize before the Royal College of Surgeons, England, in 1883, distanced all other competitors. In its present form it is a volume of

no small pretension, and serves well to show the expansion of surgery in this department, with the opening up of an inviting field for the ambitious specialist.

Whether specialism shall, or shall not lay claim to this department of surgery, it is certain that no practitioner, who desires to be prepared for any emergency presented by impediment from any cause to the passage of food or feces along the *prima vie* will fail to possess himself of this able and exhaustive monograph. Not having space for an analysis of the author's views relative to the pathology of the various forms of intestinal obstruction, or comment upon his development of the clinical history of typical cases, we shall content ourselves with a remark or two at random upon his suggestions as to treatment. Here it may be noted that great importance is attached to feeding per rectum, the author believing that, in many cases, which do not prove rapidly fatal, the support of the patient by this method is too often neglected to the prejudice of a successful result. Among his medicinal agents, opium, of course, holds the chief place; but it is curious to note that he has something rational to say in favor of the absolute and generally voted absurd practice of giving large doses of metallic mercury in cases of intestinal obstruction.

In all cases of acute and subacute strangulation, intussusception, or complete mechanical occlusion of the bowel, he holds mercury to be absolutely useless, claiming, however, that in ileus following fecal accumulation its good effects are often very remarkable.

"The mercury does not act by weight, but in its passage along the intestine becomes very finely divided, and on reaching the stercoral tumor appears to insinuate itself among the parts of the fecal mass, and between the mass and the bowel wall, and so to loosen the obstructing matter as to restore the 'normal passage.' . . . "In cases of acute and of complete mechanical obstruction, the quicksilver has been found after death to have collected into a single mass above the obstruction, the separated particles having in such instances cohered again." In no case was mercurial poisoning observed as an effect of the quicksilver, though enormous doses had been given, and the metal had been noticed (in one case) in the motions for seventeen days after the administration of the last dose.

The dose varies from fifty to three hun-

dred grams (or roughly from one to ten ounces), and, whether large or small, it has been frequently repeated.

"In any case of fecal accumulation that has resisted the action of aperients, enemas, massage, electricity, etc., the use of metallic mercury in large doses would appear to be worth trying, especially as the mode of treatment appears to be attended by no especial risk."

In support of these views the author quotes M. Matignon, who revived this method of treatment in 1879.

**Insanity and Allied Neuroses: Practical and Clinical.** By GEORGE H. SAVAGE, M. D., M. R. C. P., Physician and Superintendent of Bethlem Royal Hospital, Lecturer on Mental Diseases at Guy's Hospital, joint editor of the "Journal of Mental Science." 19 illustrations. Pages viii and 544. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

Probably no member of our profession is better qualified to discuss the intricate problems of insanity than Dr. Savage, who has made mental diseases a special study for many years, with results which are familiar to all who keep themselves posted in this department of medicine.

The book under notice is of peculiar interest, since it unfolds the results of the author's own abundant observations of the insane under circumstances of a most favorable character.

It is, in short, an analysis of the many instructive cases of mental disease which have been admitted to the Bethlem Hospital during a period of more than twelve years. The work is for the most part original, while the author's terse, graceful style imparts to the text a peculiar charm.

To the neurologist who may be seeking for new and striking reports of cases, and to the general practitioner who has no time for the study of elaborate treatises, the work will be welcome. The latter will be especially interested in the author's admirable discussion of the relations of insanity to various other diseases, and his suggestions for treatment in the acute stages of mental derangement. The medico-legal bearings of insanity are made an attractive feature of the work.

Third Annual Announcement of the Northwestern Medical College, Toledo, O. Session 1885-86.

## Societies.

### THE KENTUCKY STATE MEDICAL SOCIETY.

Proceedings of the Thirtieth Annual Session, held at Crab Orchard, June 24, 25, and 26, 1885.

[Reported by A. H. Kelch, M. D.]

#### WEDNESDAY.

The Kentucky State Medical Society as a body and as individuals were welcomed to the hospitalities of the Crab Orchard Springs summer resort, at its recent meeting, by Will S. Hays, in the following language:

*Members of the Kentucky State Medical Society and Representatives of the Medical Profession of Kentucky: I feel it a great pleasure as well as an honor to extend to you a most hearty and cordial welcome to this famous resort. I assure you that the management will do every thing in their power to add to your pleasure and your comfort. All you have to do is to ask, and ye shall receive. Mr. Howard and myself, as representatives of the managers, will only be glad to accede to the desires any and all of you may express. I trust your deliberations with us will not only be wise, pleasant, and profitable, but instructive, and that we may so conduct ourselves as that, when you leave us, you will feel that nothing has been left undone on the part of the management of this place to render your stay happy and comfortable.*

The reports of committees were then called for, and, when completed, the regular order of business as laid down in the programme was begun.

Dr. Wm. Bailey made the report on the Practice of Medicine. He began by a reference to his experience with the many medicines which had been left at his office for trial by the agents of enterprising manufacturers. He referred to the fact that but a small proportion of these preparations that have been so widely dispensed in the last five years are now among the reliable means of combating disease. "An evil," said he, "is inseparable from it." The tendency is to induce people at large to buy and take these preparations without medical advice. While not underrating the importance nor decrying the effort of pharmacy to render medicines more elegant, eligible, and effective, the speaker thought it would be better if enterprising firms would place a sufficient quantity of any preparation that is likely to possess unusual qualities at the hands of competent men in public institutions, there to have its effects noted and recorded so that the practitioners might have some reason for confidence in its administration. He thought it time

to call a halt, and to become more familiar with the action and various applications of reliable drugs already in use. The efficiency of any arm in service is very largely due to the skill with which it is used.

With reference to the germ theory of cholera, the speaker said :

The germ theory of disease is, no doubt, destined to be the greatest question of the age, whether it stands or falls. All the conditions involved in this theory have not been sustained, unless it be in the case of two or three diseases where absolute causative relation seems to have been established between the diseases and their specific germs. In the others, so far, we are compelled to admit that the argument is solely dependent upon analogy or inference. The conditions necessary for the demonstration that the comma-bacillus is the cause of cholera are that bacilli shall be found in the blood and tissues of patients sick with cholera; that they shall be present in every case; that they shall never be found where the disease does not exist, and that inoculation with them shall produce the disease.

So far the authorities are at variance upon these propositions. High authority claims to have discovered that these bacilli are abundant in the water used by persons in India with impunity, and also that they are found abundantly in the alimentary canals of other than persons with the disease. Koch maintained that the first appearance of the "comma-bacilli" in the canal coincides with the commencement of the disease, that they increase with it, and that they disappear with its decline.

To the mind of the speaker several difficulties existed in the way of an investigation of the theory, and the demonstration can only be perfect by making the experiments with man himself, and then only when his environment will exclude every other source of the disease.

It will not do to make these experiments in India or elsewhere if the disease be prevailing, for then there must be a doubt in the mind whether the disease is the result of the inoculation, or produced in the ordinary way. Inoculate with the specific germ persons outside of the habitat of the disease.

Continuing, said he :

For my own part I must confess that all my preconceived notions in regard to the various forms of bacteria were that they were simply scavengers serving an important function in the world, converting the compound elements into more simple ones, acting on tissues only when they were deprived of vitality. This process is exceedingly important, as this conversion is essential in nature before the vital organization can appropriate for their own support and development the various substances with which they may be surrounded.

As soon as life is extinct the atmosphere at once furnishes that form of bacteria necessary to set up the processes of decomposition. This is a universal influence, and if it was not so food-supplies

for animals and vegetables would soon become exhausted. In this way the same elements of matter can be made subservient to use again and again.

So I have been inclined to the view that the various processes of disease served but to supply the conditions for bacterial existence and development, and that they were a consequence of diseased action. If I mistake not, no specific germ has been found living in the virus of either smallpox or variola. If you can take the virus from either of these, not containing living germs, and develop by inoculation these diseases, will this fact not at least make strong presumptive evidence that bacteria are not an essential element of any of these ethetic diseases?

If they produce the absolute essential cause then they themselves are likewise absolutely essential—another point of interest to me, even admitting for argument's sake their essential presence.

Is it necessary to have the germs transmitted from the person of the sick to the well in order to contract the disease? In other words, may there not be other sources of supply?

Much hinges upon this proposition, for if it is established then we can have no cholera unless imported. All cases of cholera, then, are the result of either direct or indirect contagion.

By analogy may we not safely conclude that all forms of malarial diseases are produced by specific germs as well as cholera?

Is not intermittent fever then equally contagious? Indeed, then, by this hypothesis is there any other way of contracting malarial fever except by contagion? But do we not know that the essential causes of these malarial fevers are climatic in origin. Who does not believe that the Pontine marshes near Rome would have developed the cause of intermittent fever if no man had existed on the face of the earth or had deposited the bacillus malaria in a thousand miles of that imperial city? My judgment is that the telluric conditions would have been sufficient for this without man's existence, or any other animal subject to the disease. You will perhaps appreciate the tendency of my argument. May not these great pestilences that stalk abroad in the land be the result solely of local conditions of climatic origin, so to speak? May not vegetable matter, under the combined influence of varying degrees of solar heat and moisture, generate specific germs for cholera as well as intermittent fever? Who will undertake at once to differentiate the clinical phenomena of cases in collapse from cholera, and from congestive or malignant intermittent fever, unless it be that the bacteria in the alimentary canal may serve him? This, at any rate, may be one thing accomplished by these most deserving scientists.

I would fain argue, from much of the history of cholera, that it is, like malarial fever, epidemic dysentery, yellow fever, etc., produced by climatic influences.

I do this, knowing full well that most of the profession will regard the doctrine as heretical. I will quote the language I find used by Professor James T. Whittaker, page 792, volume ii of Pepper's System of Medicine, when speaking of the propagation of epidemic dysentery by emanations from the soil, and apply it to cholera and say, "The simultaneous sudden attack of great numbers under the most diverse surroundings admits of explanation no other way."

In the discussion which followed, Dr. Dudley S. Reynold's said:

Dr. Bailey might have found less difficulty in formulating his skepticism if he had made it plausible. The microbes which cause cholera never appear in the blood of the patient nor in any secretion. They operate entirely upon the lining of the intestinal canal. By destructive action upon the epithelium, abrasions follow which drain so much of the fluids from the body as to rapidly deplete the patient, who presently reaches the stage of collapse and dies without any evidence whatever of the introduction of any sort of matter into the system. On the contrary, it is what has been withdrawn from the system through the abrasions or excoriations of the walls of the intestinal tract which robs the patient of the vital fluids. If Dr. Bailey would study the published reports of Dr. French, of Wilkesbarre, Pa., and Dr. E. O. Shakespeare, of Philadelphia, he would find perfectly conclusive evidence that the typhoid fever, which has prevailed with such disastrous effects in the town of Plymouth, originated in the contamination of the water-supply by the discharges from a patient having that disease.

No person who has studied the literature of the several epidemics of cholera which are known to have prevailed in different parts of the world will undertake to deny the influences of accumulations of fluid in filthy gutters and cesspools upon the water-supply, and the influence of this in turn upon the spread of the cholera. There is no comparison, as Dr. Bailey states, between the manner in which smallpox and cholera enter the system. Quarantine in the presence of smallpox prevents its spread by limiting both the amount of poison and the number of susceptible people. In the case of cholera the resting-place for the microbe prior to its introduction into the drinking-water, or its lodgment in the dew upon such vegetables as may be eaten uncooked, limits the chance of contact of the microbe with the vegetables or the introduction of it into the water, provided only the aid of thorough sanitary police be employed for the thorough destruction of these cesspools or resting-places. In this way climatic and telluric influences may alone serve to propagate an epidemic of cholera, the air being powerless to carry it from one person to another directly. It must be swallowed, and this is generally through contaminated water.

Dr. McCormick, of Bowling Green, said:

I very cordially agree with much that Dr. Bailey says in regard to the influence and importance of climatic and telluric conditions in the production of cholera. It seems to me that, admitting all this, the history of cholera in every country where it has prevailed there must have been something added besides these influences. In those seasons when it has prevailed in parts of this country, other portions having like climatic and telluric influences exercising their influence have, when this other particular influence which we recognize as the specific cause of the disease was inoperative, escaped. I may mention a case where a negro coming from Lebanon, when the disease was prevailing in 1873, to Columbia, where no cholera had previously existed, was suddenly seized on his arrival at the latter place so violently that he died of the disease in a closet attached to a livery sta-

ble. The Monday following this occurrence was county-court day. Many farmers from the surrounding country while in the city had occasion to visit the foul closet in which the negro died. In forty-eight hours afterward the cholera was epidemic throughout the county, the primary cases occurring in those who had visited the city and been in this closet.

During the same year the cholera was imported from the railway station to Lebanon and prevailed at first in the families of some negroes, who lived on the banks of a ravine, the cases being confined to them for some time. Out of the wells from which they gained their water-supply, and which were situated but a very short distance from their houses, water was hauled to the fair grounds and put in barrels for the use of the people attending the fair, and in the next forty-eight hours cholera was epidemic throughout Marion County.

In Genoa, last year, contrary to what occurred in Marseilles and Toulon, the cholera made its appearance in the best quarters of the city. This was an inexplicable mystery until it was determined that the water-supply of the city was derived from three companies, two using a large stream and one using the water of a smaller stream. This smaller stream supplied the affected portion of the city. It was then discovered that not far above the inlet of this water-supply the cholera had been prevailing among the miners located there, the filth from whose settlement was discharged into the stream. So far as we were able to gather the evidence in this way, from city to city, it all points to the existence of a specific cause, capable of transmission thus from one point to another, and it would appear that we can no more have cholera without this specific seed than we could expect to raise a crop of oats, or wheat, or barley without scattering the seeds upon the ground prepared to produce it.

Dr. J. B. Marvin said:

There are one or two points in Dr. Bailey's paper I wish to call attention to. We have more than one kind of comma-bacillus. Dr. Koch has conclusively proved that the comma-bacillus which he describes is characteristically distinct from those which some observers have claimed to be inert. Klein claimed there was nothing in the theory, and to show his faith publicly drank water containing the comma-bacilli. But Klein was forced to admit, in a discussion with Watson Cheyne, that he was ignorant of the variety described by Koch.

Now, another point with reference to the activity of contagion. At certain places along the Ganges River religious customs call for the assemblage of large numbers of people to drink and bathe in the waters. This is done with impunity and without cholera occurring until some arrival from Bengal, where the disease prevails, carries the specific poison to its waters. This once done, thousands at once fall victims to the disease. At Mecca this experience is repeated almost every year among the hosts who gather there to drink of the holy well. When some pilgrim arrives from an infected district, and the water once becomes contaminated by the poison he has carried, thousands at once fall a prey to this fell destroyer.

The transaction of the miscellaneous busi-

ness had consumed so much time in the afternoon, the hour having now grown late, that the Society adjourned to reconvene in the evening, when Dr. Pinckney Thompson, of Henderson, in the annual address of the President congratulated the Society on the auspicious circumstances attending the opening of its thirtieth annual meeting, said he:

"We can to-night quote old Francis Quail's words, rejoicing in the whole truth of the first clause, while smiling at the half truth of the last: 'Physicians are of all men the most happy; what ever good success they have the world proclaimeth, and what faults they commit the earth covereth.'"

Continuing at some length to eulogize the profession and to speak of their opportunities he evolved the principle that the responsibility for most of the crime of the present age rests upon the shoulders of the physician! Crimes he traced to blood and breeding, and physicians understanding the importance of good blood and training are bound to be the teachers of the people on these important topics.

It is generally agreed among medical men that multitudes of men, and especially women, live in such a state of nervous tension, and in such utter neglect of hygienic law as to put their own well-being in peril and to do injury to their children, if they have any. A cultivated, refined woman can only keep up with what is termed society at peril to her own health and that of her children. Under the strain and excitement of fashionable life she is never perfectly well, does not sleep soundly, suffers from a capricious appetite, is always languid, and sometimes prostrated. If she be a mother, or is to be one, she has already so drawn upon her vital forces that she has none to expend upon her children: hence "so many feeble, nervous, and unpromising children in the best circles of society. How can it be expected they will develop much mental or physical vigor? Who, if not the doctors, can stem this fatal tide? Who, if not the doctors, can transform this stream of death into a river of life? Are we doing it, or attempting to do it, with any thing of the earnestness and determination required by the case? The strain of forced education is ruining our growing female population by arresting development and consuming physical force. In my own experience I have seen girls not only enfeebled in body, but driven to the verge of hysterical insanity to gratify the ambition of a silly parent. Is there a member of this Society, who has given this matter sufficient consideration to render his opinion valuable, who doubts that this overstrain of mind and consequent enfeeblement of constitution are not among the great causes of disease among our females in modern times? As a result of it all, have the women of this generation improved intellectually, physically, or otherwise, over those of the preceding one? Will the rising generation be an improvement over either? The causes for this failure to improve on each preceding generation are easily discovered by a short consideration of the surroundings and habits of our children in their daily lives. In the

country many people, because of poverty or ignorance, do not observe the laws of health. They live in badly-constructed houses along the water-courses, where malaria is rife; live on insufficient food and impure water; their sleeping rooms are poorly ventilated, and a bath-tub is an unheard-of thing. In cities and towns the evils result from aggregation, crowding, and improper removal of the filth generated by the processes of life. Added to these, and the evils of forced education, there prevails in cities an improper construction of school-houses, that are built, as a rule, three stories high. Is there a doctor in my hearing who does not know that these girls in ascending these stairs six or eight times a day bring into active exercise, first, the diaphragm, and then the abdominal muscles, in such a way as to press the abdominal viscera downward upon the pelvic contents, so as frequently to displace the uterus, and sometimes to bring its ligaments to such a strain as even to displace the ovaries, thereby superinducing metritis, hypertrophy, flexion, version, prolapsus, and all the series of dreadful diseases to which woman is a victim and a martyr?

Now are we, as medical men, trying to correct these evils? Are we trying to teach the multitudes that to continue these evils is slow suicide? Are we with earnestness and determination resisting and condemning the overtaxing of children, especially girls, mentally and physically? Are we exerting an influence in procuring such legislation as will enable the officers of the law to compel cleanliness in all its forms, and thereby prevent disease and crime, and elevate the human race? Are we influencing school authorities to adopt proper methods in education for fostering the physical and mental vigor of the pupils? Are we in our daily intercourse with the people, among whom we practice and who will hear our words, warning them of the great importance of observing all these important hygienic laws, especially in the family and in the school-room? If not, then we have missed a most important part of our calling, and have fallen short of the high ideal of our noble profession.

Following the President's address Dr. Williams, of Cincinnati, read an interesting communication on the subject of "The Physician's Opportunities for doing and being Good." No abstract could do the paper justice, hence none is attempted.

#### THURSDAY.

On Thursday morning, after the transaction of miscellaneous business, the regular order was begun by the reading of a paper on General Surgery, by Dr. J. M. Mathews (committee). After the usual introduction the speaker said:

There are many things which go to make successful results in surgery outside of the ability to do operations. If Lister accomplished nothing more than to insure cleanliness in the dressing of wounds by the use of his spray, humanity has much to thank him for, and he much to congratulate himself upon. If germs can live in solutions of carbolic acid, it is no reason that Listerism should be deprecated or abused.

The minor details of surgery are oftentimes of more importance than the operation itself. The ovariotomist that contents himself with the simple extraction of the tumor, will be sadly disappointed; while his confrere, though less *au fait* with the knife, will carry off the laurels, if he pays the proper attention to the after-treatment of his patient.

Climate, sanitation, hygiene, and the general surroundings of the patient have much to do with the success of operations, and much of the mortality list can be ascribed to the neglect of the same. Our Marine Hospital service has awakened to the truth of this, and we begin to see the good effect of it in the reconstructing and erecting of hospitals after sanitary principles. It should be one of our chief duties to see that the same principle be carried out in the building of hospitals, infirmaries, etc., in civil life.

*Hydrochlorate of Cocaine.* Since our last meeting there has been given to the surgical world a boon, second only in importance to the discovery of chloroform, viz., the hydrochlorate of cocaine, the discoverer of its anesthetic property being Dr. C. Koller, of Vienna. It has a wide range in surgical practice, especially so in the diseases of the eye, ear, nose, mouth, and throat, and in gynecological practice. Its chief effect is upon the mucous membrane. To have any effect upon the skin or deeper tissues it must be injected into them or applied through wounds. The physiological action seems to be the paralyzation of the sensory nerves, and, it may be, the posterior columns of the spinal cord. Knapp says it abolishes reflex irritation, and that it has no cumulative effect and exerts no bad influence on the nutrition of the parts subjected to its action. When applied to the membrane, its anesthetic effect is short-lived, and requires frequent reapplications. A four-per-cent solution of the salt is the one most generally used. It is best, however, for the operator to prepare the solution desired. A question of moment is, Does the application of the anesthetic prevent or lessen repair? In some operations performed by myself I have imagined that it did, to a degree, interfere with the process of repair. All operations upon the eye, save, perhaps, enucleation, have been done under its influence. For operations in the larynx and pharynx it has been found useful. In diseases of the genito-urinary organs its use is of great importance; strictures of the uretha are divided under its influence without pain or shock. It is also recommended in cases of vaginismus, and chronic cystitis is said to yield to an injection of a third of a grain into the bladder. An irritable prostate is quieted by an application of it. Operations upon the cervix are successfully done without pain by its use.

I have divided fissures of the anus by applying it for the space of ten minutes. It is claimed that many operations of minor surgery can be done by its aid, as, for instance, the removal of fatty tumors. In such cases the remedy must be injected, in strength say fifteen drops of the four-percent solution. I find that under this injection abscesses can be opened and polyps removed. However, where a large amount of skin has to be cut through, I have found the local application of *rhiolene* by spray equal, if not superior, to cocaine. I have also had good results in the appli-

cation of hydrate of chloral and camphor, equal parts, as a local anesthetic in similar cases. In rectal diseases cocaine is not a success.

*General Etherization.* It is not necessary for me to go into any detail of the advantages or disadvantages of any one general anesthetic over the others. Statistics are so very uncertain, and compiled under such varied conditions, that a judgment can hardly be based upon them. There are those who advocate the use of chloroform to the exclusion of all other anesthetics, while others, with the same vehemence, advocate the use of ether alone, or the A. C. E. mixture, or proportions to suit themselves.

It is useless to speak of the fatality of any of the preparations, for the reason that each man's experience is simply an individual one, and deaths have been known to follow the use of each or all the anesthetics. It is hardly an argument *pro or con*, as the circumstances that caused the death in the use of one might also have occurred with the other. It is safe to say that in Europe ether is preferred, while in America chloroform is principally used. For my own part I use chloroform nearly exclusively. I can do no better than quote the opinion of Mr. Tait, who, after performing one thousand abdominal sections, says, after this varied experience, that a mixture of ten parts of ether and one of chloroform, given by means of Clover's apparatus, is the best. He claims that its action is rapid, and the sickness afterward is far less than with any thing else. That it does not produce bronchitis nor arrest the secretion as ether does.

In this connection it may be well to mention that rectal etherization has not met with that success that had been anticipated. It has but few advocates, and but little can be said in its favor.

After dwelling at length on antiseptic surgery, the speaker continued:

A question of great moment to the surgeon is, Can he, while attending cases of pyemia, erysipelas, etc., by the use of disinfectants, prevent the contagion that is said to be communicable? Without stopping to discuss any theory in regard to contagion under these circumstances, I desire to quote the views of Prof. Volkmann, as expressed in a letter to Dr. George F. French, of Minneapolis. He says, "A surgeon who disinfects himself well can immediately after making a post-mortem undertake any operation known to surgery." This is a strong saying of the eminent German, and very hard to believe.

*Abdominal Surgery.* It is a fact to be deplored that the results of laparotomy, in this country at least, have been very unfavorable. Mr. Lawson Tait may have underrated our ability as surgeons when he said that the poor results we attained were due to the fact that too many men engaged in the work, but the fact of an unsuccessful result remains.

It is not my intention to speak of the operation under the spray or without it, nor to speak of the merits or demerits of any special operation, but to deal in a general way with laparotomy.

The old German idea was that it was unjustifiable to cut into the abdominal cavity to take out a diseased ovary, for the reason that the organism would not tolerate such interference, and Prof. D. W. Yandell, in a discussion before this Society last

year upon the subject of gun-shot wounds of the abdomen, said that five out of six men gun-shot in this manner would die despite any or every aid, three of hemorrhage, one of peritonitis, and one of septicemia. With these two statements before us it might well be asked, Is laparotomy justifiable in these cases?

The remarkable success attending abdominal section by Mr. Tait, as borne out by his report of one thousand cases, emboldens us in the view that the abdomen can be opened with much less risk than was formerly supposed. Hence it is that the operation is being advised for gun-shot wounds of the abdomen. The first successful operation of the kind was performed by Kocher, of Berne, and the second on record, being the first in America, was done by Dr. W. T. Bull, of New York. The report of this case says, "A man shot in the abdomen by a bullet from a revolver—caliber No. 32—was admitted into the Chambers-street Hospital, and seen by Dr. Bull twelve hours after. The wound was an inch and a half below the navel, and an inch and a half to the left of the median line. Upon cutting through the abdominal wall the gut presented and seven perforations were found. These were all closed by silk sutures. The bullet was found lodged in the sigmoid flexure. The wound in the abdomen was closed after cleansing with a solution of carbolic acid. The success was perfect." Men eminent in surgery say that laparotomy is urgently indicated in any case of perforation of the stomach or intestines, due either to direct or indirect violence, and that peritonitis should not stand in the way. Others will agree with Dr. Yandell.

With a few remarks upon the surgery of the kidneys, the speaker brought his report to a close.

[TO BE CONTINUED.]

## Selections.

**HYSTERECTOMY, AND THE VALUE OF THE CARBOLIC SPRAY IN THIS OPERATION.**—In the British Medical Journal, May 23d, Mr. J. Knowsley Thornton considers eighteen cases of hysterectomy performed by him. There were two failures. Of the remaining sixteen, thirteen were complete supravaginal hysterectomies and three were removals of large pediculated fibro-myomata. They were all treated by the extra-peritoneal method. The operations were performed as follows: A four-inch incision was first made through the parieties, the hand is introduced into the peritoneum and careful examination made of the ovaries, tubes, uterus, and tumor. If the case is a suitable one the incision is enlarged, the mass brought out, the wire applied, and the mass removed. The stump is secured in the lower angle of the wound by strong wire passed through the abdominal walls and

peritoneum. No drainage-tube is used. The upper part of the incision is dressed with a carbolic gauze dressing, terminating about an inch above the uterine stump. The stump is packed about with dry carbonized gauze and then dressed with perchloride of iron, care being taken to avoid any moisture from the melting iron running over the sides of the stump. Carbolic gauze is then applied. The stump dressing is usually changed in two or three days, under the spray. He says that Listerism with the spray is a safeguard in hysterectomy, for it enables us to perform an aseptic operation and protect the patient during the early days, that is, until the peritoneum has become sealed.

DR. D. W. YANDELL writes from the East that his health is very much improved.

## ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from June 21, 1885, to June 27, 1885.

*Major Albert Hartsuff*, Surgeon, assigned to duty at Fort Hamilton, N. Y. H. (S. O. 133, Department East, June 24, 1885.) *Major J. V. D. Middleton*, Surgeon, granted one month's leave, with permission to apply for fifteen days' extension, to take effect about 15th proximo. (S. O. 88, Department Missouri, June 19, 1885.) *Major H. E. Brown*, Surgeon, assigned to duty as Post-Surgeon, Fort Reno, Indian Territory. (S. O. 91, Department Missouri, June 24, 1885.) *Captain Blair D. Taylor*, Assistant Surgeon, ordered from Department Texas to Department East. *Captain Wm. F. Carter*, Assistant Surgeon, ordered from Department East to Department Texas. (S. O. 141, A. G. O., June 20, 1885.) *Captain Wm. B. Davis*, Assistant Surgeon, leave of absence extended three months. (S. O. 142, A. G. O., June 23, 1885.) *First Lieutenant R. G. Ebert*, Assistant Surgeon, granted leave of absence for one month, to take effect about July 5th. (S. O. 97, Department Colorado, June 17, 1885.) *First Lieutenant R. L. Robertson*, Assistant Surgeon, now on leave of absence, directed to report in person by July 7, 1885, to commanding officer, Columbus Barracks, Ohio, to accompany detachment of recruits to Department Texas. On completion of this duty to rejoin his proper station. (S. O. 143, A. G. O., June 24, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended June 27, 1885:

*Long, W. H.*, Surgeon, granted leave of absence for three days, June 18, 1885. *Fessenden, C. S. D.*, Surgeon, leave of absence extended seven days on account of sickness. June 24, 1885. *White, J. H.*, Assistant Surgeon, granted leave of absence for twenty-one days. June 23, 1885.